U.S. Department of Labor of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

|  | LY BEFORE PREPARING THIS REPORT.                         |
|--|--|
| E (NG15205)  |  |
| 1. File Number U -   | 2. Fiscal Year Covered From:                             |
|  | Through:   |
| 3. Name and address of person filing.  | 4. Name, file number, and address of labor organization. |
| Name MicHael G Julian  | Name 194200 1/05   |
|  | Labor Organization File Number                           |
| P.O. Box, Bldg., Room No., if any  | P.O. Box, Building and Room Number, if any               |
| Street /66/3/15/8/4/11/5/8/  | Street 100 So Balley 57                                  |
| CILY RENTON WASH 98058   | City September 1   |
| State ZIP Code + 4   | State ZIP Code + 4                                       |
| 5. Position in labor organization.  UMUM REPRESENTATIVE  |  |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):   |  |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of<br>monetary value from an employer whose employees your organization represents or is actively seeking to represent.  |  |
| 6. Name and address of Employer (including trade name, if any).  | 7.a. Nature of Interest, Transaction, or Income.         |
| Name   |  |
| Trade Name, if any:  |  |
| P.O. Box, Bldg., Room No., if any  |  |
| Street Street  | 7.b. Amount.   |
| City City  |  |
| State ZIP Code + 4   |  |
| Signature  |  |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |  |

Date

Signed

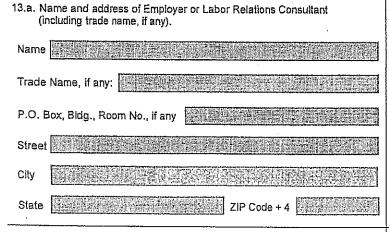
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| 8. Name and address of Business (including trade name, if any).  | 9. Business deals with:  |
|--|--|
| Name   |  |
| Trade Name, if any:  | a. Labor Organization  |
| P.O. Box, Bldg., Room No., if any  | b. Trust   |
| Street Control of the | c. Employer  |
| City   |  |
| State ZIP Code + 4   |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  | 11.a. Nature of such dealing.  |
| Name   |  |
| Trade Name, if any:  |  |
| P.O. Box, Bldg., Room No., if any  |  |
| Street   |  |
| City   | 11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.   |
| State ZIP Code + 4   |  |
|  |  |
|  |  |
| •  | the contraction of the contracti |

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.



14.a. Nature of payment.

or Consultant ?

13.b. Is the Business an Employer